Children's Hospital of Philadelphia Foundation Form 4 September 27, 2017

September 2	7,2017											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	UNITED	STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	<sup>ger</sup> 6. <sup>r</sup> Filed pur <sup>ns</sup> Section 17(									Expires: January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type I	Responses)											
Children's Hospital of Philadelphia Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction					(Chec	(Check an applicable)			
(Month				onth/Day/Year) /27/2017				DirectorOfficer (give title below)Other (specify below)				
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PHILADEL	PHIA, PA 19104	ł							Iore than One Re			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivati	ve Secu	rities Ac	quired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8) Code V		Dispos 3, 4 and (A or	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/27/2017			М	20,25	0 A	\$ 23	3,948,957	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Μ

Common

Stock

09/27/2017

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

D

6,000 A \$ 3,954,957

## Edgar Filing: Children's Hospital of Philadelphia Foundation - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of Transactio/Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 23	09/27/2017		М	20,250	<u>(1)</u>	01/30/2025	Common Stock	20,250
Stock Option (right to buy)	\$ 56.22	09/27/2017		М	6,000	06/01/2017	05/31/2026	Common Stock	6,000

## **Reporting Owners**

Reporting Owner Name / AddressRelationsideDirector10% OwnerOfficerOtherChildren's Hospital of Philadelphia Foundation<br/>34TH STREET & CIVIC CENTER BOULEVARD<br/>PHILADELPHIA, PA 19104XXYSignaturesYYYY

/s/ Jeffrey D. Kahn <u>\*\*</u>Signature of Reporting Person Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

This option was granted on January 30, 2015 to A. Lorris Betz, MD, Ph.D., a member of the Board of Trustees and Executive Committee(1) of the Reporting Person and a former member of the Board of Directors of the Issuer. The option vests quarterly over four years. Dr. Betz holds this option for the benefit of the Reporting Person.

(2) This option was granted on June 1, 2016 to Dr. Betz, who holds this option for the benefit of the Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.